

surveys add Hispanic origin and Hispanic subgroups to their data collection instruments and oversample Hispanics and subgroups in order to obtain stable estimates for this vulnerable population. Likewise, all health-related surveys should collect Hispanic origin and subgroups and oversample appropriately.

On a very basic level, as suggested in the Washington State report,³ the collectors of health survey data should examine whether the questions asked and the measures used to assess health status are appropriate for a particular minority group—in this case, Hispanics and those subgroups.

CONCLUSION

This report points up a number of problems that must be solved before health data for Hispanics are generally available. Meanwhile, a fact sheet for Hispanics and Hispanic subgroups examines and compares data from the North Carolina birth certificate for birth years 1988-92. From this work, it is seen that health risks do vary among the Hispanic subgroups so that aggregate data for Hispanics as a whole will not suffice. All data collection instruments should collect Hispanic subgroup, and all programs should strive to raise the awareness level of providers concerning the need for this information.

Meanwhile, it is hoped that steps will be taken to ensure the respondent's understanding of the race and Hispanic origin questions on the Year 2000 census form. Misunderstanding may have contributed to some misreporting of Hispanics in 1990.

A recent report by the Centers for Disease Control and Prevention (CDC)⁵ summarizes a workshop that addressed the role of race and ethnicity in public health surveillance. This work and its recommendations should be reviewed by those concerned with the important matters of minority health.

REFERENCES

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